

Questions and Answers
Caregiver Depression Screening Training by Dr. Robin Kopelman
Webinar on May 28, 2014

- 1. How can you offer reassurance that things will get better for women who refuse any treatment options? Do you have any ideas that might lead to them being more open to treatment?**

Answer: This is not an easy question to answer. It is important to try to identify what will motivate your client. Use motivational interviewing techniques. What do they find acceptable or workable? What past experiences may play a role in their willingness to seek treatment? Some clients do refuse treatment. With continued dialogue, you may find they are more willing to try treatment.

- 2. What ideas do you have for ways to discuss the negative impact on children if mother continues to go untreated - without sounding like blame? How can you incorporate the resiliency piece?**

Answer: This is another challenging issue. The best approach is to normalize the stress that the client may experience when raising children. Definitely bring in the resiliency component. Help to assure the mother that things can get better -- to have hope. Treatment studies have definitely shown that treating mom's symptoms can improve child outcomes. Try to explore treatment options and see if she is open to seeking further care.

- 3. Should we use EPDS with moms up to one year postpartum and the PHQ-9 with mom's who have children over one year old and other caregivers?**

Answer: Yes. This is correct. The PHQ-9 may also be used for adolescents.

- 4. Do you have any information on the impact of support groups for depressed caregivers versus individual counseling?**

Answer: Both are helpful. It is important to discuss with the client what their preference is and what is most acceptable to them.

- 5. Please clarify the need to ask only women the question "Do you worry that you may hurt your baby or children?" Do we only ask women or all caregivers? Does this need to be noted in the child health chart or just a verbal question?**

Answer: This question is relevant for all types of caregivers. Yes, be sure to document the responses.

- 6. Is there a hotline for depressed mom's separate from the Suicide Hotline?**

Answer: No, there is not a specific hotline or crisis line for depressed mothers. The Healthy Families Lines is available, but this is a warm line – for information and referral.

- 7. We have been doing depression screening within our maternal health social work visit for lots of years. Should we be separating this billing out from the psychosocial assessment?**

Answer: No, you do not need to change your practice. The depression screen can be provided as a part of a psychosocial assessment. The G0444 code would only be billed if you were providing a depression screen without the psychosocial assessment.

- 8. How do we bill for the EPDS?**

Answer: See the response to question #7. The EPDS can be incorporated into a psychosocial service or health education service. If providing either psychosocial services or health education, do the depression screen as part of those direct services. Do not bill separately for the depression screen. Use G0444 if providing *only* the depression screen – not part of a health education or psychosocial service.

9. When screening a caregiver other than a mother (i.e. dads or grandparents), is a signed consent required of that adult?

Answer: Yes, it is advised that you obtain consent to provide the service.

10. What is the reimbursement rate for CPT Code 99420?

Answer: The maximum reimbursement from Iowa Medicaid for code 99420 is \$8.19.

11. Are codes G0444 and 99420 timed codes?

Answer: Code 99420 is an encounter code and is not based upon time spent. Code G0444 is a timed code, based upon a 15-minute unit.

12. How often may we screen for reimbursement?

Answer: After inquiring with Iowa Medicaid, the limit on Code 99420 is that you may only bill up to two units of this service per day for the same client. There is a cap on Code G0444. This code is limited to once per year (no more than 6 units per day for a given client).

13. For reimbursement purposes is it recommended to use the PHQ-9 over the EPDS?

Answer: Either tool is used, depending on the population that you are screening. The PHQ-9 is used for caregivers of children (Code 99420) or adolescents in the CH program (Code G0444). The EPDS is used for pregnant women of any age and women up to one year postpartum.

14. Can family support workers do the EPDS and PHQ-9 and bill for them?

Answer: Billable services apply to Title V Maternal and Child Health (MCH) programs. Title V MCH programs are able to bill Medicaid for depression screening services through their Medicaid provider status (Maternal Health Center and/or Screening Center). Service providers must be either RNs or social workers (BSW or licensed).

15. When completing a PHQ with multiple children in the family, which child should it be billed under?

Answer: You may bill the depression screen for the caregiver under the youngest child's Medicaid number.

16. Will today's Q & A be online as a resource?

Answer: Yes. The recorded webinar, the PowerPoint presentation, and the Questions and Answers will be posted on the Bureau of Family Health's webpage under 'Resources for Grantees' at http://www.idph.state.ia.us/hpcdp/grantee_resources.asp